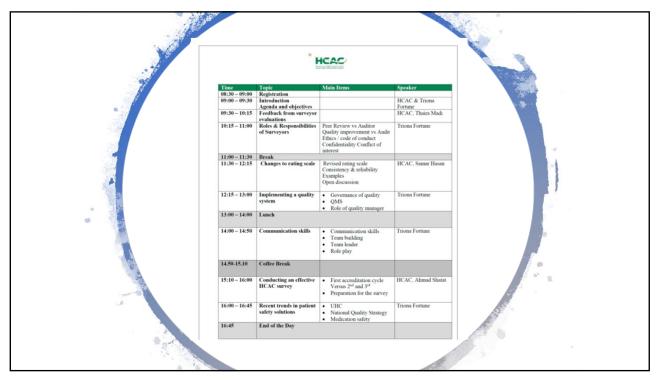


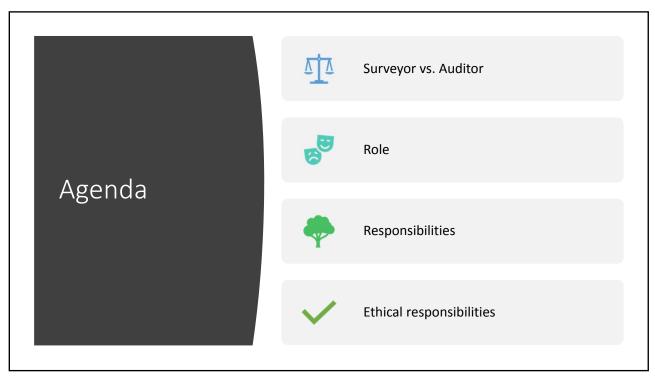
Objectives of the day

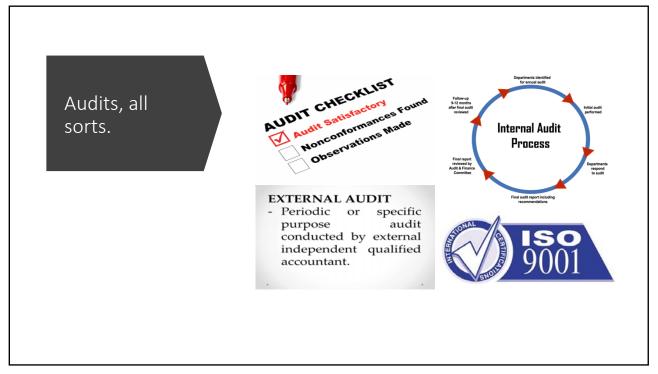
To

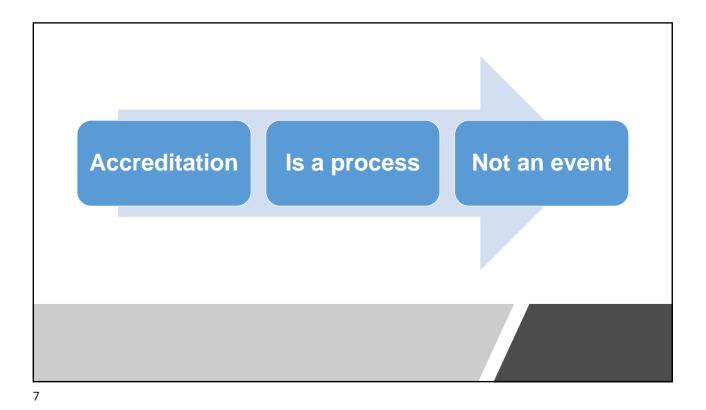
- Raise the surveyor's awareness of the role of the HCAC surveyor including code of conduct
- Improve consistency of surveyors
- Discuss recent trends in patient safety solutions
- Understand the key principles of quality systems and
- Strengthen communication skills.



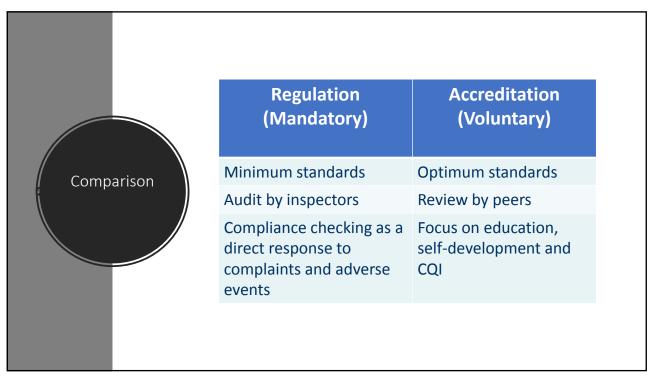


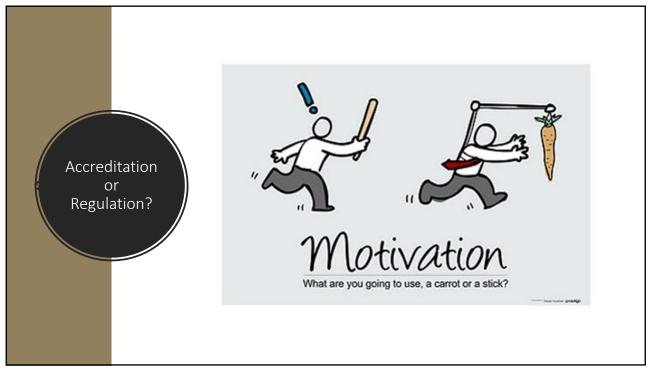




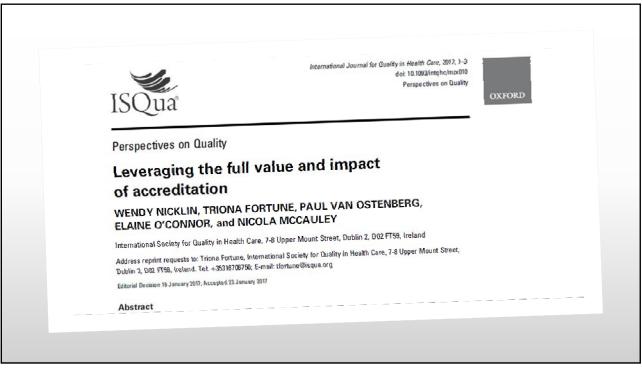


is a self-assessment and external peer review process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.



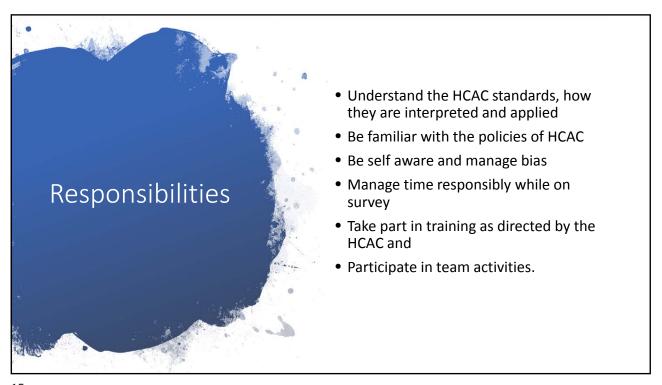
















- Triangulate the evidence
- Produce a report / action plan
 - Recommendations
 - Opportunities for improvement



Triangulating the evidence

- IS ACHIEVED, INDIVIDUALLY AND AS A SURVEY TEAM, VIA:
 - Document analysis
 - Interviews
 - Tracers
 - Observation
 - Reflection/ discussion
 - CONCENCUS.

HEALTH CARE ACCREDITATION COUNCIL

Code of Ethics and Business Conduct



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- 1. Compliance with laws
- 2. Adherence to ethics
- 3. Client focus
- 4. Non- Discrimination
- 5. Confidentiality
- 6. Record accuracy

- 7. Protection of assets
- 8. Avoid conflicts
- 9. Business relationship
- 10. Occupational safety
- 11. Complaints Process
- 12. Suggestions

Fthical communications



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Health Care Accreditation Council

GENERAL CONFIDENTIALITY AGREEMENT

As a condition of my employment, continued employment and/or relationship with HCAC, I agree to abide by the requirements of the HCAC Confidentiality and Proprietary Information Policy and Procedure, and I agree to the terms of this Confidentiality Agreement.

I understand and agree that if I access, use or disclose Confidential Information in any form – verbal, written, or electronic – in a manner that is inconsistent with or in violation of the Confidentiality Policy, IHAC may impose disciplinary action, including but not immited to, immediate termination of employment and/or service contract, loss of privileges, or termination of relationship with HACC.

I understand that when I receive a sign-on code to access the HCAC Network and Systems, I have agreed to the following terms and conditions:

- The sign-on and password codes assigned to me are equivalent to my signature, and I will not share the passwords with anyone.

 I will be responsible for any use or misuse of my network or application system sign-on codes.

 I will not attempt to access information on the HCAC Network and Systems except to meet needs specific to my job or position at HCAC.

I acknowledge that I have read the terms of this Confidentiality Agreement, and that I have received a copy.



HEALTH CARE ACCREDITATION COUNCIL. NO CONFLICT OF INTEREST DECLARATION

This form is required by HCAC Policies and Procedures and applies to all HCAC members (Board Members, Staff, Surveyors and Consultants) to ensure the transpoand integrity of HCAC business and services.

HCAC activities or business where it reasonably appears, on an actual or potential basis, that the individual's personal, professional or financial interest could directly and significantly affect the conduct of HCAC activities and/or business raising questions of objectivity and improper gain; or the individual's situation could compromise the individual's professional commitments or allegiance to HCAC.

In your consideration of disclosure, your professional responsibility must be your guide. If you are confident that none of your professional or business involvements are in any way related to your association/affiliation and relationship with HCAC, then use the default NO CONFLICT OF INTEREST TO DECLARE box, sign the form, and return

Name:		-
Affiliation to HCAC		
I have no	conflict of interest to report	

Conclusion

Your role as a HCAC ambassador is to

- Promote quality improvement
- Act fairly and ethically
- Be familiar with HCAC standards and policies
- Acknowledge your bias and
- Produce a report in a timely manner.